

JAN 18 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Lewis
Township
City Monticello (No. , , ,)

Registration District No. 477
Primary Registration District No. 4291

File No. 43542
Registered No. 67
St. Ward

2. FULL NAME George W. Smith

(a) Residence, No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth A. Frazie Smith</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10, 1869</u>		
7. AGE	YEARS	MONTHS
	<u>65</u>	<u>2</u>
		DAYS
		<u>19</u>
		IF LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Sheriff</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lewis Co. Missouri</u>		
FATHER	13. NAME <u>William A. Smith</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
MOTHER	15. MAIDEN NAME <u>Mary Leslie</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT (ADDRESS) <u>Mrs Elizabeth Smith Monticello Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Monticello Mo.</u> DATE <u>Dec. 31, 1934</u>		
19. UNDERTAKER (ADDRESS) <u>James A. Coder Lewistown Mo.</u>		
20. FILED <u>12-31, 1934</u> <u>H. W. Harris</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 29, 1934 to Dec 29, 1934
I last saw him alive on Dec 29, 1934 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage? Date of onset 46E

Other contributory causes of importance: 46E

Name of operation _____ Date of _____
What test confirmed diagnosis? Smear Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) D. Williams M.D.
(Address) Canon Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

UNITED STATES DEPARTMENT OF THE INTERIOR
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